



STATE OF INDIANA

FRANK O'BANNON, Governor

PATRICK R. RALSTON, Executive Director

STATE EMERGENCY MANAGEMENT AGENCY
DEPARTMENT OF FIRE AND BUILDING SERVICES
PUBLIC SAFETY TRAINING INSTITUTE
INDIANA GOVERNMENT CENTER SOUTH
302 W. WASHINGTON ST., ROOM E208
INDIANAPOLIS, IN 46204

PARAMEDIC APPLICATION FOR RECIPROCITY

Applicant's Name _____
(Last) (First) (Middle)

Mailing Address _____
(Street) (City) (State) (Zip)

Telephone # (Day) _____ SSN# _____ Birth Date _____

Applicants for paramedic certification based upon reciprocity shall be affiliated with a certified paramedic provider organization and meet one (1) of the following requirements:

1. Be a person who, at the time of applying of reciprocity, possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written certification examinations as set forth and approved by the commission. Application for certification shall be postmarked or delivered to the commission office within six (6) months of the request for reciprocity.
2. Be a person who, at the time of applying for reciprocity, possesses a valid National Registry paramedic certification.

1. Did you complete the D.O.T. Paramedic Course? _____

2. Name of Course _____ Date Completed _____

3. In what state are you currently certified as a Paramedic? _____

4. Current State Certification Number _____ Expiration Date _____

5. National Registry Certification Number _____ Expiration Date _____

I understand that if I am approved for reciprocity by the State of Indiana I will be required to successfully complete the National Registry Emergency Paramedic Practical and Written Examination prior to submitting an application for certification.

Applicant's Signature _____ Date _____

Please return this form, along with copies of current Paramedic certification to:

Certification Supervisor, Public Safety Training Institute
302 West Washington, Room E239, Indianapolis, IN 46204
Questions? Please call us at 1-800-666-7784

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